



# UK SHARIAH BOARD

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## MUSLIM FAMILY AFFAIRS DEPT APPLICATION FORM

### Applicant's Details

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_

Post Cod: \_\_\_\_\_

Nationality: \_\_\_\_\_ Email: \_\_\_\_\_

### Spouse Details

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_

Post Cod: \_\_\_\_\_

Nationality: \_\_\_\_\_ Email: \_\_\_\_\_

## OFFICE USE ONLY

Nature of Case \_\_\_\_\_

Case Reference \_\_\_\_\_

Date Of admission \_\_\_\_\_ Date of Closure \_\_\_\_\_

Note/Decision \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Worker \_\_\_\_\_

[illegible]

Date \_\_\_\_\_

[illegible]

**Sign** \_\_\_\_\_

Date\_\_\_\_\_

Date \_\_\_\_\_